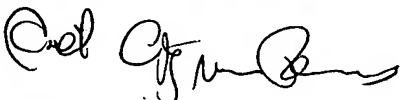


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|--|--|--|--|--|
| Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) | | | | Attorneys Docket Number PHNL021289 US |
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) | | | | |
| Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 | | | | Direct Telephone Calls to: (name and telephone number) (914)332-0222 |

| | | | | |
|------------------|-------------------------|---|---|--|
| 201 | FULL NAME OF INVENTOR | FAMILY NAME KAMPSCHREUR | FIRST GIVEN NAME Thomas | SECOND GIVEN NAME Markus |
| | RESIDENCE & CITIZENSHIP | CITY Nijmegen | STATE OR FOREIGN COUNTRY The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Gerstweg 2 | CITY 6534 AE Nijmegen | STATE & ZIP CODE/COUNTRY The Netherlands |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME STOKKERMANS | FIRST GIVEN NAME Joep | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Nijmegen | STATE OR FOREIGN COUNTRY The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Gerstweg 2 | CITY 6534 AE Nijmegen | STATE & ZIP CODE/COUNTRY The Netherlands |
| 203 | FULL NAME OF INVENTOR | FAMILY NAME BAKKER | FIRST GIVEN NAME Arjan | SECOND GIVEN NAME Franklin |
| | RESIDENCE & CITIZENSHIP | CITY Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | CITY 5656 AA Eindhoven | STATE & ZIP CODE/COUNTRY The Netherlands |
| 204 <i>40</i> | FULL NAME OF INVENTOR | FAMILY NAME VAN RENS | FIRST GIVEN NAME Piet | SECOND GIVEN NAME Christiaan Jozef |
| | RESIDENCE & CITIZENSHIP | CITY Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands <i>NEX</i> | COUNTRY OF CITIZENSHIP The Netherlands |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | CITY 5656 AA Eindhoven | STATE & ZIP CODE/COUNTRY The Netherlands |
| 205 | FULL NAME OF INVENTOR | FAMILY NAME DE VET | FIRST GIVEN NAME Arnoldus | SECOND GIVEN NAME Jacobus Cornelis Bernardus |
| | RESIDENCE & CITIZENSHIP | CITY Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | CITY 5656 AA Eindhoven | STATE & ZIP CODE/COUNTRY The Netherlands |
| 206 | FULL NAME OF INVENTOR | FAMILY NAME VAN DER MEER | FIRST GIVEN NAME Piet | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | CITY 5656 AA Eindhoven | STATE & ZIP CODE/COUNTRY The Netherlands |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|---|---------------------------|---------------------------|
| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203 |
| DATE | DATE | DATE |
| SIGNATURE OF INVENTOR 204  | SIGNATURE OF INVENTOR 205 | SIGNATURE OF INVENTOR 206 |
| DATE 15 July 2004 | DATE | DATE |

10/538281

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **"Wirebonding method and apparatus"**
the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No _____

on _____

and was amended

on _____

☒ was filed as PCT international application

Number PCT/IB2003/005244

on 17 November 2003

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

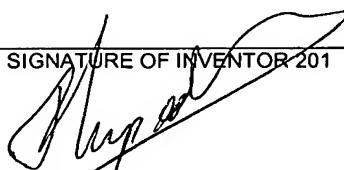
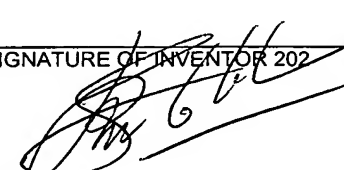
| COUNTRY | APPLICATION NUMBER | DATE OF FILING DAY, MONTH, YEAR | PRIORITY CLAIMED UNDER 35 USC 119 |
|---------|--------------------|------------------------------------|---|
| Europe | 02080360.7 | 18 December 2002 | YES |
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|--|--|--|--|--|
| Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) | | | | Attorneys Docket Number PHNL021289 US |
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) | | | | |
| Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 | | | | Direct Telephone Calls to: (name and telephone number) (914)332-0222 |

| | | | | |
|-----|-------------------------|--------------------------|----------------------------|-----------------------------------|
| 201 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| | | KAMPSCHREUR | Thomas | Markus |
| | | Nijmegen | The Netherlands NLX | The Netherlands |
| | | Gerstweg 2 | 6534 AE Nijmegen | The Netherlands |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| | | STOKKERMANS | Joep | |
| | | Nijmegen | The Netherlands NLX | The Netherlands |
| | | Gerstweg 2 | 6534 AE Nijmegen | The Netherlands |
| 203 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| | | BAKKER | Arjan | Franklin |
| | | Eindhoven | The Netherlands | The Netherlands |
| | | Prof. Holstlaan 6 | 5656 AA Eindhoven | The Netherlands |
| 204 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| | | VAN RENS | Piet | Christiaan Jozef |
| | | Eindhoven | The Netherlands | The Netherlands |
| | | Prof. Holstlaan 6 | 5656 AA Eindhoven | The Netherlands |
| 205 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| | | DE VET | Arnoldus | Jacobus Cornelis Bernardus |
| | | Eindhoven | The Netherlands | The Netherlands |
| | | Prof. Holstlaan 6 | 5656 AA Eindhoven | The Netherlands |
| 206 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| | | VAN DER MEER | Piet | |
| | | Eindhoven | The Netherlands | The Netherlands |
| | | Prof. Holstlaan 6 | 5656 AA Eindhoven | The Netherlands |

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| | | |
|---|--|-----------------------------------|
| SIGNATURE OF INVENTOR 201  | SIGNATURE OF INVENTOR 202  | SIGNATURE OF INVENTOR 203 |
| DATE 19 July 2004 | DATE 19 July 2004 | DATE |
| SIGNATURE OF INVENTOR 204 | SIGNATURE OF INVENTOR 205 | SIGNATURE OF INVENTOR 206 |
| DATE | DATE | DATE |

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the specification of which (check only one item below):

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☐ was filed as United States application

Serial No _____

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and was amended

on _____

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Number PCT/IB2003/005244

on 17 November 2003

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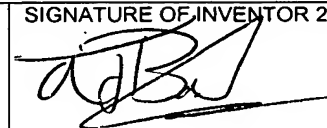
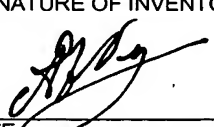
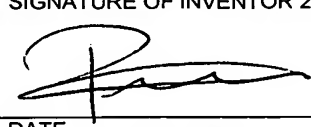
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| COUNTRY | APPLICATION NUMBER | DATE OF FILING DAY, MONTH, YEAR | PRIORITY CLAIMED UNDER 35 USC 119 |
|---------|--------------------|------------------------------------|---|
| Europe | 02080360.7 | 18 December 2002 | YES |
| | | | |
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| | | | | |
|-----|-------------------------|---|---|--|
| 201 | FULL NAME OF INVENTOR | FAMILY NAME KAMPSCHREUR | FIRST GIVEN NAME Thomas | SECOND GIVEN NAME Markus |
| | RESIDENCE & CITIZENSHIP | CITY Nijmegen | STATE OF FOREIGN COUNTRY The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Gerstweg 2 | CITY 6534 AE Nijmegen | STATE & ZIP CODE/COUNTRY The Netherlands |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME STOKKERMANS | FIRST GIVEN NAME Joep | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Nijmegen | STATE OR FOREIGN COUNTRY The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Gerstweg 2 | CITY 6534 AE Nijmegen | STATE & ZIP CODE/COUNTRY The Netherlands |
| 203 | FULL NAME OF INVENTOR | FAMILY NAME BAKKER | FIRST GIVEN NAME Arjan | SECOND GIVEN NAME Franklin |
| | RESIDENCE & CITIZENSHIP | CITY Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands <i>NLX</i> | COUNTRY OF CITIZENSHIP The Netherlands |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | CITY 5656 AA Eindhoven | STATE & ZIP CODE/COUNTRY The Netherlands |
| 204 | FULL NAME OF INVENTOR | FAMILY NAME VAN RENS | FIRST GIVEN NAME Piet | SECOND GIVEN NAME Christiaan Jozef |
| | RESIDENCE & CITIZENSHIP | CITY Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | CITY 5656 AA Eindhoven | STATE & ZIP CODE/COUNTRY The Netherlands |
| 205 | FULL NAME OF INVENTOR | FAMILY NAME DE VET | FIRST GIVEN NAME Arnoldus | SECOND GIVEN NAME Jacobus Cornelis Bernardus |
| | RESIDENCE & CITIZENSHIP | CITY Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands <i>NLX</i> | COUNTRY OF CITIZENSHIP The Netherlands |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | CITY 5656 AA Eindhoven | STATE & ZIP CODE/COUNTRY The Netherlands |
| 206 | FULL NAME OF INVENTOR | FAMILY NAME VAN DER MEER | FIRST GIVEN NAME Piet | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands <i>NLX</i> | COUNTRY OF CITIZENSHIP The Netherlands |
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| | | |
|---------------------------|--|--|
| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203  |
| DATE | DATE | DATE 16 July 2004 |
| SIGNATURE OF INVENTOR 204 | SIGNATURE OF INVENTOR 205  | SIGNATURE OF INVENTOR 206  |
| DATE | DATE 16 July 2004 | DATE 16 July 2004 |

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **"Wirebonding method and apparatus"**
the specification of which (check only one item below):

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| COUNTRY | APPLICATION NUMBER | DATE OF FILING DAY, MONTH, YEAR | PRIORITY CLAIMED UNDER 35 USC 119 |
|---------|--------------------|------------------------------------|---|
| Europe | 02080360.7 | 18 December 2002 | YES |
| | | | |
| | | | |
| | | | |
| | | | |

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:



Practitioners associated with the Customer Number:

24738

OR



Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:



The address associated with Customer Number:

24738

OR

| | | | |
|--|-------|-----|-----|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | | | Fax |

Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/86 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

| | | | |
|-----------|---------------------------|-----------------|-------------|
| Signature | <i>Michael E. Marion</i> | Date | 02 FEB 2005 |
| Name | Michael E. Marion | Telephone (914) | 333-9637 |
| Title | Authorized Representative | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY